

# Mental Health Newsletter

Vol. 3, No. 1

DEPARTMENT OF PUBLIC WELFARE  
St. Paul 1, Minnesota

January, 1963

## *Editorially Speaking*

Again it is time to go to the state legislature with requests for legislation including, of course, a suitable appropriation to advance the mental health program.

To begin with, we will make a report on accomplishments during the past two-year period. These are a credit to the organization. We have made substantial progress in getting hospitals opened up and increasing the voluntary admission rate. The resident population in our state hospitals has declined remarkably in this two-year period (so much so that we have devised a whole new strategic concept of basing personnel requests primarily on admission rates). Hospitals have worked hard for Accreditation, and in this period two were inspected and received full Accreditation. Coverage of the state by community mental health centers has progressed to the 80% mark.

The program for the mentally retarded has been brought under full-time psychiatric direction from the state office. This has led to modifications of services for the retarded at institution and community levels in the direction of balanced programs with appropriate specialization of facilities. A staffing pattern has been developed, and procedures inaugurated for a well-knit referral system to the children's facility at Lino Lakes, to open in June, 1963.

A regional plan has been launched, to bring about better coordination of services in hospitals, community mental health centers, and county welfare departments. Personnel requests for the 1963 biennium will be based on a re-district plan aimed at having all hospitalizations for the metropolitan area carried out at Anoka and Hastings State hospitals; these are now tooling up for this massive change in their work load.

A comprehensive undertaking of state-wide mental health program evaluation and planning was begun in July, 1962. The research program has been brought under more concise consideration and control. The number of psychiatric residents in training under the stipend program has trebled.

No doubt considerable attention will be focused on the new hospital administration plan. This will be the subject of a future editorial. It is worth pointing out that this was undertaken in response to legislative intent. Our willingness to enter into this "bold experimentation in administrative patterns" should build credit in the legislature and prove that we are capable of taking our share of responsibility in carrying out what we have interpreted as a public mandate. Despite some growing pains, we will be able to report with confidence that the program produces significant improvements in hospital management, and better program coordination, without detriment to the welfare of patients.

It seems that here is a real test of democratic government, where interaction will occur between elected public officials and the professional specialists to try to arrive at correct determinations of service for the public good within the limits that the public purse will allow. There is a kind of excitement and anticipation in the air now similar to the last few minutes before curtain time at a theater performance. We look forward with pleasure to taking our part in the play which follows.

David J. Vail, M.D.  
Medical Director



# Names in the News

Representing Minnesota at the annual conference of the Surgeon General and state and territorial mental health authorities January 9-11 is Medical Director *Dr. David J. Vail*. Of particular interest to the group will be recent federal appropriations for mental health planning, possible federal legislation to build up state hospital programs and the proposed Domestic Service Corp.

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*Mr. Gary Crippen*, Worthington attorney, has been named to the Southwestern Mental Health Board. He replaces Judge Vincent Hollaren, who recently resigned. Arlo appointed member-at-large, representing the medical profession, was Worthington internist *Charles G. Fitch, M.D.*

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DPWs *Dr. Arthur Funke* has been elected to a three-year term as consultant associate of Community Research Associates. Dr. Funke is director of the new mental health study and planning program.

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New head of the clinical psychology program at Owatonna State School is *Dr. Allastair Burnett*, who began early this month. Dr. Burnett holds a Ph. D. from McGill University, Toronto, and for the past several years has been chief of psychology at the Hospital for Nervous and Mental Diseases, St John's, Newfoundland, Canada.

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A native Pennsylvanian, *Dr. Robert I. Williams* is the newest staff member at the Range Mental Health Center, Virginia. A clinical psychologist, Dr. Williams has for the past four years been a member of the staff at the Veterans Administration Hospital, Coatesville, Pa. Dr. Williams graduated from Earlham College, Richmond, Indiana and received a Ph. D. from the University of Kentucky in 1958. He is 33, married and father of three children.

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*Dr. William Leipold* has been named acting head of the psychology department at Fergus Falls State Hospital. He succeeds Dr. Maurice Moran, who resigned to enter private practice in St. Paul last month.

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Holding the featured speaker spot on an hour-long program over WMVS-TV, Milwaukee, January 7 was *Dr. Howard Davis*, DPWs chief of psychology and research coordinator. Subject of the program, sponsored by the Milwaukee County Mental Health Association was evaluating and changing community attitudes toward mental health.

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In Minnesota December 27-28 to study the state's use of volunteer services in welfare agency programs was *Mr. Maurice Hunt*, of the National Study Service and consultant to the New York City Department of Welfare. Mr. Hunt visited with the volunteer coordinators at Ramsey and St. Louis County welfare depart-meats and the DPW central office.

*Write For....*

"One-to-One" is the title of a colorful brochure recently issued by the Hennepin County Mental Health Association. It illustrates, through pictures and text the Association's visiting and friendship program with patients at St. Peter State Hospital. Begun less than a

year ago, the "One-to-One" project now includes over 40 Minneapolis women who regularly visit the hospital and patients one day a month. Copies of the brochure are available from the Association's office, 1645 Hennepin Avenue, Minneapolis 3.

## More Psychiatric Beds Available In Community

The number of Minnesota mentally ill patients receiving care in community hospital psychiatric wards has increased approximately 29% during the past five year, according to a survey recently completed by DPW.

Information on the number of mentally ill patients under care during 1961 was gathered on 27 Minnesota private and community hospitals. Of the 27 hospitals, (23 reporting, estimates for 4 based on previous years' reports) nine designated no special space was set aside for mental patients. The other 18 hospitals reported a total of 933 psychiatric beds, ranging in number from 1 to 259 beds. Fifteen of the hospitals had 22 or more beds specifically for mentally ill patients.

A total of 12,414 admissions of mental patients during 1961 were reported by 23 hospitals. The number of admissions to individual hospitals ranged from 27 to 2,243. Three hospitals—Glenwood Hills, Anoka and Minneapolis General—reported more than 1,000 admissions each.

All 27 hospitals reported on discharges of mental patients, with a combined total of 12,896 for the year. Of the total of 11,844 discharges by 23 of the hospitals, 10,633 patients were returned to the community and 1,211 discharged to state and other mental hospital. Diagnostic information submitted by all 27 hospitals show that about one-third of the approximate 13,000 patients discharged had been diagnosed as having some type of brain syndrome or a psychotic disorder. Since 90% of these patients returned to the community, it appears that general hospitals are treating and sending home many patients with serious mental disorders who might have become state mental hospital patients had these facilities not been available.

Of the total patients receiving in-patient psychiatric care in Minnesota, approximately 81% are being cared for in state mental hospitals 12% in the Veterans Administration Hospital and 7% in community and private hospitals.

## Moose Lake New Center For Remotivation Training

Fifteen representatives from state and private hospitals and nursing homes will be enrolled in the first formal re-motivation training course scheduled for January 14-18 at the Moose Lake State Hospital. The hospital was recently appointed regional training center for re-motivation by the Mental Hospital Services of the American Psychiatric Association, and a project

Because of heavy demand, a second week-long training program has been scheduled for February, and subsequent courses will be conducted every three or four months. Enrollees will come from the surrounding five state areas.

## **Salary Increases, New Class Set For Physicians**

Several changes in the classification titles and salary ranges of hospital medical posts will become effective January 9. A new civil service classification of Staff Physician has been added, at a salary range of \$10,128-\$12,336. Staff members presently classified as Physician II as well as future recruits will be eligible for the new classification through evaluation and examination.

Physicians presently in the Medical Specialist I and Psychiatrist I class will be re-titled Senior Staff Physician, at a salary range of \$11,400 - \$13,872. The classes of Medical Specialist II and Psychiatrist II will be re-titled Chief of Service, at an annual range of \$12,828 - \$15,600. The special Legislative - established salary ranges for medical specialists (\$14,000-\$22,500) continue in effect.

The changes, authorized by recent special action of the Civil Service Board, will result in salary increases for the majority of medical appointees now serving in state institutions. According to Dr. David J. Vail, Medical Director, the changes should also have positive effects on the state's medical recruitment program.

## **"Mental Health Careers" Available From DPW Library**

Copies of "MENTAL HEALTH CAREERS", a Minnesota-produced film of interest to both high school youth and adult audiences, are now available for in-state loan from the DPW film library.

The film produced by Rusten Film Associates in association with the Minnesota Department of Welfare was premiered at the September meeting of the APA Mental Hospital Institute in Florida.

The black and white, 16mm sound film tells the story of Sue, an average teenager, who develops a whole new concept toward mental health in her efforts to gather material for a school assignment. Through a series of visits with various individuals in her community, Sue discovers that there are many professions involved in the mental health field.

The film is also appropriate for adult groups, as it illustrates the cooperation and relationships between professionals and agencies in attempting to meet the mental health needs of a community.

Out-of-state distribution is handled by Rusten Film Associates, 5910 Wayzata Blvd., Minneapolis 16, Minn.

## **Information Officers Attend Nebraska Meeting**

"Public Information - Essential for a Dynamic Mental Health Program" was the theme of a three-day meeting attended by twelve Minnesota program personnel at the University of Nebraska, November 27-29. Public information officers from the seven state U.S. P.H.S. Region VI were present at the conference sponsored by the NIMH and the Nebraska Psychiatric Institute.

Minnesota representatives included Mrs. Miriam Karlins, Bill Judkins and Fred Hodoval, DPW; Mrs. Dorothy LeGault, Cambridge; Mrs. Irene Rykken, Willmar; J. H. Johansen, St. Peter; Mrs. Connie Schoen, Rochester; Bob Hoffman, Fergus Falls; Bruce Fisher, Anoka; Arnold Madow, Faribault; Donald Mills, Moose Lake and Mrs. Elenor Clark, Hastings.

## **Dr. Pfeiler New DPW Asst. Medical Director**

Dr. Robert Pfeiler, has been appointed assistant medical director for the DPW Division of Medical Services, effective January 9. Dr. Pfeiler will be in charge of the state community mental health services program and work closely with regional mental health coordinating committees.

Dr. Pfeiler is presently completing a two-year assignment at the Travis Air Force Base, California. During the past year he has served as director of the Base psychiatric out-patient department.

Dr. Pfeiler is a graduate of the University of Nebraska Medical School. He completed his psychiatric residency at the Menninger School of Psychiatry, Topeka, Kansas in 1960.

A native of Nebraska, Dr. Pfeiler is 33, married and the father of two children.

## **Consultant On Community Volunteer Programs Named**

William H. Judkins has been appointed to the newly-created DPW central office position of assistant volunteer services consultant.

In his new post, Mr. Judkins will be concerned with the development and expansion of the Department's volunteer services program, particularly through volunteer-citizen participation in community projects. He will be working closely with county welfare departments, community mental health centers and nursing homes.

For the past nine years, Judkins served as volunteer services coordinator at the Anoka State Hospital. A graduate of Wesleyan Methodist College, Kansas, Judkins is a charter member of the American Association of Volunteer Services Coordinators and a member of that organization's executive board.

## **2nd Regional Committee Organized, Meeting Set**

The first meeting of the new Southwest Region mental health coordinating committee is scheduled for December 17, in Willmar. This is the second of the state's regional committees to organize and get underway.

Slated for January 28 is the fourth meeting of the Northwest Region mental health coordinating committee. The initial meeting of the group was held August 13, at Fergus Falls. At that time Roy Anderson, of the Lakeland Mental Health Center, Fergus Falls was elected chairman; Dr. Howard Reid, Upper Mississippi Mental Health Center, Bemidji, vice-chairman; and Jim Olson, DPW district representative, secretary. The January meeting will be held at the Northwestern Mental Health Center, Crookston.

## **Write For . . .**

Listed in the current issue of CONTEMPORARY PSYCHOLOGY, a publication of the University of Texas is the proceedings of the DPW February, 1962 "Workshop on Alcohol Education in the Public School System." Copies are available from the Department's Mental Health Information Service, Centennial Bldg., St. Paul.

## News In Review

Now occupying expanded quarters at Anoka Hospital, St. Paul is the newest addition to the state's community mental health services program, the St. Paul-Ramsey County Mental Health Center. Headed by Dr. Vera M. Eiden, former medical director of Willmar State Hospital, the center began active operation on July 1st.

Chief psychiatric social worker at the new St. Paul-Ramsey County Center is Miss Rosabelle Snohr, for the past two years supervisor of the adoption placement unit in the DPW Division of Child Welfare. Before joining DPW, she held the post of chief psychiatric social worker at the Hamm Memorial Psychiatric Clinic. Miss Snohr holds a master's degree in social service administration from the University of Chicago.

Scheduled to begin full-time duties at the St. Paul center on January 1 is Dr. Frances P. Olson, who has been serving the center on a part-time basis. A board certified psychiatrist, Dr. Olson has served on staff of the Veterans Administration Hospital, Fort Snelling, the Minneapolis Psychiatric Clinic and as clinical instructor in psychiatry at the University of Oklahoma Medical School. She completed her psychiatric residency at the Veterans Administration Hospital, Fort Snelling.

Local marital counseling workshops, patterned after the state-wide workshop held in Minneapolis in January, 1962, have been sponsored by four community mental health centers during the past several months. A marital counseling workshop was held at the Lakeland Mental Health Center, Fergus Falls, September 17; at the South Central Mental Health Center, Owatonna, October 9; the Southern Minnesota Mental Health Center, October 17 and the Northern Pines Mental Health Center, November 13.

Other recent community mental health center-sponsored workshops have included a seminar on school psychological services for educators from the four county area served by the Southwestern Mental Health Center, Luverne and a workshop on "Problems of Loss in Health and Disease," for physicians, clergy, educators, nurses and social workers, at the West Central Mental Health Center, Willmar.

Further expansion of the service areas of the Duluth Mental Hygiene Clinic is planned effective January 1, with the addition of Lake, Cook and lower St. Louis County. Active participation by Carlton County was begun October 1.

Social workers on the staff of the Duluth Mental Hygiene Clinic now number five, with the recent addition of Richard Stump. A psychiatric social worker Mr. Stump received his M.S.W. at the University of Chicago in 1958. For the past two years, Mr. Stump was on the staff of the Mental Hygiene Clinic at LaFayette, Indiana. Prior to that, Mr. Stump was staff caseworker for the Jewish Family and Community Service Agency Chicago.

The program of the Lakeland Mental Health Center, Fergus Falls, has been augmented with the appointment of Dr. James F. Condell as psychological consultant. Dr. Condell is working with children, school counselors, principals and teachers in public schools in the eight county area served by the Lakeland center.

Dr. Condell received his doctor of education degree from the University of Nebraska in the summer of 1962. From 1958 to 1961, he was staff psychologist with the Four County project for retarded children, Fergus Falls.

Two staff appointments have been made recently at the Western Mental Health Center, Marshall. Serving as consultant in psychiatry to the center is Dr. Harper Willis, a staff member of the department of psychiatry, University of Minnesota. Dr. Willis spends two days each week at Marshall.

Psychologist Dr. Elizabeth Slocombe recently joined the Marshall center staff. Dr. Slocombe graduated from Wellesley College, did graduate work in psychology at Boston Psychopathic Hospital, Columbia University, and University College at the University of London. She received her Ph.D. degree from the University of Michigan in 1954. For the past ten years she has been engaged in psychotherapy and counseling at the University of Michigan student mental health clinic.

# Mental Health Newsletter

Vol. 3, No. 2

DEPARTMENT OF PUBLIC WELFARE  
St. Paul 1, Minnesota

February, 1963

## *Editorially Speaking*

AN ACCOUNT of the course of mental hospital administration in Minnesota thus far must include the reactions of the American Psychiatric association. These are seen sharply as events, but not easy to comprehend. The Joint Commission report was released in the spring of 1961. It stressed the need to broaden the manpower base. It had this to say about hospital administration (p. 209):

"Administrative patterns in treatment institutions for the mentally ill have been dominated by the idea of the hospital under medical-psychiatric control. There has been much argument . . . about other forms of administration. Research on this topic has barely begun but the need for bold experimentation in administrative patterns seems apparent. . . ."

The American Psychiatric association was heavily represented on the Joint Commission. When the report was released, the American Psychiatric association endorsed it, meanwhile congratulating itself on its own courage and vision in sponsoring and accepting such a fine report.

Minnesota experimented. Encouraged by the progressive tone of the report, we inaugurated a different system of hospital administration at the Willmar State hospital in September, 1961.

Promptly, the Minnesota District Branch responded by a resolution condemning our plan as detrimental to the welfare of patients and physician morale. There was and still is no evidence for this assertion.

The chase got underway on a national level at the October, 1961 Mental Hospital Institute in Omaha. The Presidential Address, given before a multitude of several hundred from the various states, had the effect of pointing the finger of official ridicule at Minnesota.

At the May, 1962 annual meeting of the American Psychiatric association, a resolution was adopted by the entire organization reaffirming (for the nth time) the position on medical superintendency and specifically condemning Minnesota by name.

Thus, in one short year after the release of the Joint Commission report, the organization had done all it could, ethically, to bring a halt to this heresy.

A new phase opened in December, 1962 with letters from the American Psychiatric association placed directly in the public press in Minnesota. These vituperative articles were overtly aimed at raising a "political outcry." Meanwhile, who from the American Psychiatric association has made any effort to examine or evaluate our program at first hand? Answer: No one.

What does it mean? Is the American Psychiatric association dedicated to the advancement of science and the public good, or merely to the perpetuation of its own prestige and power? Insofar as it becomes self-protectionist, timid and hypocritical; insofar as it defines "bold" to mean the opposite, and "research" to mean hands off, it loses its claim to be taken seriously by the American public.

Those of us who have grown up professionally in the APA and cherish its ideals are concerned with what appears to be double talk. We, and society, want an organization that is responsible, adaptable to change and capable of leadership in a troubled world. We want to see a continuing dedication to truth.

David J. Vail, M.D.  
Medical Director



## Names in the News

*Dr. Howard R. Davis*, chief of psychological services and coordinator of mental health research, Division of Medical Services, DPW, will serve as a faculty member at the conference on "aftercare" to be held by the Division of Mental Hygiene of the Wisconsin DPW at Madison, April 18 and 19.

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A Whapeton physician for the past 31 years and coroner of Richland county since 1959, *Dr. C. V. Bateman* has joined the medical staff at the Fergus Falls State Hospital. Dr. Bateman was born in Park River, North Dakota. He attended the University of North Dakota Wesley College at Grand Forks, North Dakota and completed his undergraduate course in medicine at Northwestern University.

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*Mrs. Miriam Karlins*, Director of Public Information and Volunteer Services, Mental Health section, DPW, will serve as a consultant to the NIMH Region IX and present a paper at the workshop to be held in Los Angeles February 15.

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An Informational Writer for the State Highway department for the past two years, *Mrs. Ruth Woodworth*, has joined the Mental Health section of the DPW's Medical Services division. Mrs. Woodworth has BS and BA degrees from Eau Claire State College and the University of Wisconsin with majors in English and Journalism. She was a newspaper editor for five years at Eau Claire and is a retired WAC major with 3 1/2 years Army service in World War II.

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On the national scene .... the retirement of Dr. Curtis Southard, chief of the former Community Services Branch, NIMH since 1954, was announced last month. Taking over as chief of newly re-titled Research Utilization Branch of NIMH is Dr. William G. Hollister, formerly assistant chief of the Community Services Branch.

## County Welfare Directors Hold State-Wide Workshop

Minnesota county welfare directors and DPW field representatives studied practical methods of using community resources to expand welfare services at a two-day workshop last month. Held January 21-22 at the Hotel Normandy, Minneapolis, the conference was sponsored by the state Association of County Welfare Directors and the DPW.

Practical information on public relations techniques, community organization methods and developing volunteer services were presented. Guest speakers were Wallace Kuralt, director, Mecklenburg county welfare department, Charlotte, North Carolina; Mrs. Ellen MacQuarrie, public information specialist, U.S. Bureau of Family Services, Washington, D.C.; and Clifford Hansen, St. Paul deputy regional executive, National Council, Boy Scouts of America.

Jay Kerr, Jr., welfare director of Kanabec County, presided as workshop chairman.

## Action Taken At Surgeon General's

Among the official recommendations adopted at the January 10, 1963 Conference of the Surgeon General of the U.S. with State and Territorial Mental Health Authorities, were the following: The State and Territorial Mental Health Authorities wish to commend the congress for providing funds and endorsing the principles of planning and evaluating comprehensive state mental health programs, and recommends that (1) support for the second year be provided, (2) that this first effort be considered as only the beginning of a continuing program of planning and evaluation.

That the public health service exchanges the plans for planning, progress reports and comprehensive-mental health program plans of the states as soon as developed unless a state indicates its unwillingness to have its plan so distributed at the time of submission.

That the surgeon general encourage in whatever way he sees fit the education of mental health workers in the forensic aspects of their work.

In most cases the present instruction of mental health workers with respect to forensic medicine includes only court room testimony and malpractice liability. A great deal more should be added in the basic training years and in the specific orientation period of service in any particular agency.

Adoption of the recommendation that the Department of Health, Education, and Welfare inform the Congress that it is the considered opinion of the State and Territorial Mental Health Authorities that comprehensive mental health planning must include certain aspects of mental retardation.

That the surgeon general and staff of the National Institute of Mental Health be commended for the employment of a consultant on mental health and law, and that, through this and other mechanisms which appear to him to be appropriate, the surgeon general stimulate the development of studies and the collection and dissemination of information in such areas as: • •

1. Civil rights of the mentally ill.
2. The criteria for competency.
3. Formal, informal and purely medical admission procedures.
4. Mechanisms of release of patients.
5. Confidentiality of records.
6. Privileged communications.

## Committee Established On Work By Retarded

For many years there has been growing national concern in the area of mental retardation regarding the amount of work performed by patients in institutions for the retarded for which they receive little or no financial compensation.

Because of state concern over this problem, a committee has been established in Minnesota under Dr. Richard E. Bartman, DPW's director of children's mental health services, to study the extent of this problem in our own area.

## Health Centers To Hold Annual Meeting

Staff and Board members of the 17 Community Mental Health Centers in Minnesota will hold their annual meeting April 3-5 at New Capp Towers in Minneapolis.

Harold Halpert from the Washington, D.C. office of public information for the National Institute of Health will be the opening dinner speaker on April 3. Other speakers at the three-day meet will be Dr. Paul Lemkau, School of Hygiene and Public Health, John Hopkins University, and Major Edward F. Krise, Ph.D. the Walter Reed Institute of Research, Washington, D.C.

## Volunteer Services Chairman Appointed

The Minnesota Association for Retarded Children has recently appointed a Volunteer Services Chairman for the purpose of further expanding volunteer programs in the state schools and hospitals for the retarded and the community.

The Volunteer Chairman of MARC will be working in cooperation with the volunteer coordinators in the institutions for the retarded, the Community Mental Health Centers and with the DPW.

Preliminary meetings have been held with the state coordinator of volunteer services, DPW, preparatory to setting up a program that will get the work progress-ively on its way.

## New Faces

RN II's Lois Atwood and Mildred Bishop, ANOKA; Volunteer Services Coordinator Ivalene Heggstad, BRAINERD; Patient Act Leader I Donald Bartlette, Special Teacher Adrienne Oates, CAMBRIDGE; RN II's Yvonne Anderson, Rose Hagerty and Marion Mahoney, Pat Act. Asst. I Margaret Reuvers, Pat. Act. Leader I Helen Hoffman, FARIBAULT; Pat. Act. Asst. II George Hendrickson, RN I Thelma Skitad, FERGUS FALLS; RN II Gloria Rigo, GILLETTE; RN II Kathryn Tabler, GLEN LAKE; RN II Kathleen Collins, HASTINGS; RN II Karen Dahlmeier, MOOSE LAKE; Special School Counselor I Richard Burkhardt, Psychologist III Alastair Burnett, OWATONNA; Physician Fellow Colum Gorman, Physician Fellow John Nilsen, Occ. Therapist I Mary Olsen, ROCHESTER.

## Write For . . .

Copies of a reprint of Medical Services Division's biennial report, June 31, 1960—July 1, 1962. Included in the report are a two-year summary of the work and progress in the state mental hospitals and schools, the 17 Community Mental Health Centers, the state nursing homes and other Division mental health programs and activities.

A new pamphlet, "Getting to Know Us"—a guide for individuals and groups planning a tour of state institutions for the mentally ill or mentally retarded.

Also available are copies of a discussion guide to be used in connection with showings of the Minnesota-produced film, "Mental Health Careers."

## MENTAL HEALTH RESEARCH REPORT

Answering two pertinent questions (1) what happens to all of the projects in a research program over a given period of time? and (2) what has been learned that justifies the state's investment of nearly one million dollars over a period of 13 years?, Dr. Howard R. Davis, chief of psychological services and coordinator of mental health research, DPW, assisted by Mrs. Jacqueline Bernard, psychologist in the research section, have completed a report on the Minnesota Mental Health Research program.

It was found that from 1949 through 1962, state funds joined by federal and private grants brought the total research support to approximately \$1 1/2 million. While less than 15 per cent of the first year's allocation was for research personnel, by 1962 the personnel need had grown to 90 per cent. On the other hand, equipment allocations have decreased proportionately but, it was pointed out, these requirements may rise in the near future to permit an increased use of electronic data processing and advanced laboratory equipment

To pinpoint the study, a sample year (1958-59) was selected for a follow-up of all projects from the beginning of the research period as underway or ready for launching. A four-year elapsed time period was allowed for completion, reporting and application of results. All of the 73 projects were accounted for as follows: seven could not get underway, four were dropped, 11 remain active (nine of these already have been formally reported), and 51 have been completed.

In some instances, research indicated what would *not* work in service programs as well as pointing to new techniques. It was also found that many patients involved in research showed an improvement in behavior even when serving as "no-treatment" controls. The sample year produced studies that ranged from biochemistry through studies of specific disorders, assessment tools, in-hospital treatment and follow-up. The findings extended from increased knowledge of the relation of 24-hour neurophysiological cycles and drug reactions, to information that a special group therapy technique would cut in half the number of a certain kind of patient returning to the hospital.

Approximately 140 examples of research yields were reported, including studies in brain damage, cholesterol diets, antibiotics, geriatrics, effects of various drugs including tranquilizers, aftercare procedures, group therapy and drugs, development and assessment of psychological tests, rating scales and other psycho-diagnostic methods, mental retardation, alcoholism, criminal aspects of law violators, and desirable attitudes on the part of workers.

A Research section has been developed since the sample year to coordinate the program. A bi-monthly periodical, *Current Conclusions*, is being published to help state researchers and staff members keep abreast of developments. Due to unselfish staff participation, 67 per cent more projects are currently underway than in 1958-59.

# WIDESPREAD USE OF MINNESOTA-DEVELOPED VERBAL-AUDITORY SCREENING TEST UNDERWAY

The use of a comparatively new hearing and speech screening technique is growing within the state of Minnesota. It has been stated that no community that has used it since its introduction in 1959, has discontinued its use and requests for the method and relatively inexpensive equipment needed have increased each year. The system does not embody any new ideas but represents a thorough evaluation of older methods, followed by the development of a faster, more accurate, easier to apply and more economical system. The equipment now being used was designed and produced at the Mayo Foundation.\*

Verbal-Auditory Screening for Children, or VASC, as the new method is known, was designed originally for the assessment of hearing in preschool children, an area which has offered the most challenging and complex problems to physicians and audiologists. Before VASC was developed, the conventional methods used for group testing of 3 to 5 year-old children were not successful because, among other conditions, reliable testing requires a meaningful situation for the child. Consequently, unless detected by parents or others close to him, a child with loss of hearing might go unsuspected as far as the third grade which is the usual time when audiometric tests are given in Minnesota. Furthermore, audiometry requires an experienced examiner, often requires a conditioned response and only limited numbers of children can be tested. With VASC, all of these unfavorable conditions are met down to the 3-year mentality level.

Since its first success with community preschool children in the hands of volunteer groups, VASC has been extended to young adults and geriatric patients in

our mental institutions where its many advantages over older systems have come to our attention.

At the Faribault State School and Hospital where VASC tests are presently being given to the institution's population, it has been found that two patients can be tested every five minutes. During the past month, 200 children and 500 adult patients have been processed. "It is a quick, sure method for all hearing testing and takes the guesswork out of this type of examination," the Chief Psychologist, Arnold Madow, who is conducting the tests, declared. He also said that the VASC test saved time, personnel, was accurate and easy to administer. It provides a good discrimination between those who cannot hear and those who do not have the comprehension to hear. It is easy, also, to classify the uncomprehending, those with a hearing loss that was unsuspected and those where hearing loss exists. It is especially valuable with retardates because of the low mental register that it provides, he said.

According to the Minnesota State Medical Association under whose supervision volunteer personnel may administer the test VASC provides a screening technique and does not attempt a precise measurement. The speech stimuli consist of 12 two-syllable words with equal stress on each syllable, such as ice cream, cupcake, sailboat, and the like. Children taking the test are first screened for comprehension of the chart which contains pictures of the words to be used. The chart is then placed before the child who has been instructed to point to the picture as the word is spoken through a prerecorded and calibrated signal on a special playback recorder. The whole process has been developed so that volunteers may readily administer the tests after a briefing session. The test is given to one ear at a time. The voice on the recording begins at a comfortably loud level, becoming lower and lower on each sequence until the response becomes negative.

\*Reference. Verbal Auditory Screening for Children by Terry S. Griffing, M.S.; Kinsey M. Simonton, M.D., and LaRoy D. Hedgecock, Ph.D., Section of Otolaryngology and Rhinology, Mayo Clinic and Mayo Foundation, Rochester, Minnesota, Minnesota Medicine, January, 1962

Centennial Office Building  
St. Paul 1, Minnesota  
Division of Medical Services  
Department of Public Welfare



## **Survey Reveals Citizens' Attitude on Retardation**

Minnesotans' understanding of mental retardation is limited even though nearly one out of five has a relative who is mentally retarded and more than eight out of ten have known someone who is retarded.

These are among the findings reported in a major attitude study sponsored by the Minnesota Association for Retarded Children and DPW. The study was based on interviews conducted in July and August, 1962 with a representative sample of 900 Minnesotans.

The study found that although Minnesotans correctly identify mental retardation with subnormal ability, knowledge is limited. The majority of these interviewed could not describe in any detail the causes and manifestations of retardation.

- One out of ten interviewed confused mental retardation with mental illness, while eight per cent thought mentally retarded applied to people who were "crip-pled", "deaf" or "mute". About one-third were unable to identify a single state or local service for the retarded.

Minnesotans' attitudes toward the mentally retarded vary significantly on the basis of age and residence. Urban residents and those under 50 years of age were generally more favorable in their evaluation of the mentally retarded than were older and rural and small-city residents. The latter offered significantly fewer "good" ratings when asked what kind of employee, citizen or neighbor the retarded would make.

The study also showed that most Minnesotans agree with the abstract statement that the retarded can learn to live a normal life, yet they deny them the right to drink or vote. Although many think that the mentally retarded should not be cared for at home, a majority also disapprove of institutionalization.

The study was conducted by Social Issues Research, Inc. of Minneapolis, specialists in research in communication problems between social service agencies and their publics. It is believed to be the first undertaking in any state to determine public attitudes and information concerning mental retardation.

Results of the study will be used by both the Minnesota Association for Retarded Children and DPW to develop long-range programs to increase community understanding and support of programs for the mentally retarded in the state.

## **Rochester Receives \$8297,000 NIMH Grant**

A five-year, \$297,000 grant for electroencephalo-graphic studies has been awarded to the Rochester State Hospital and the Department of Neuro-physiology, Mayo Clinic, by the National Institute of Mental Health.

The grant will allow for expansion of current studies of seizures in epileptic patients in state institutions, primarily at Cambridge and Faribault State Schools and Hospitals. Additional staff and equipment will be added to the project.

## **State Researchers At 4th Annual Meet**

Recommendations for the restructuring of the state mental health research program were developed at the fourth annual conference held December 10-11 in St. Paul. These recommendations will be submitted to the state mental health medical policy committee in the spring.

Also an outgrowth of the two-day meeting was emphasis on the need for program evaluation and the extension of mental health research activities into the community. Discussed and cited as representative studies were projects currently underway by the Tri-County Social Science research program at Grand Rapids, the mental health education project at Bemidji and the five-county study of first admissions by Anoka State Hospital research personnel.

Seventy researchers from state hospitals, community mental health centers, affiliated research personnel from the University of Minnesota and representatives from the Minnesota Mental Health Association were in attendance. Also participating were members of the mental health medical policy committee.

Guest speakers included Senator Fay G. Child, Dr. John B. Marks, director of the Mental Health Research Institute, State of Washington, and Dr. Byron Wm. Brown and Dr. E. Gartly Jaco, of the University of Minnesota.

Chairman of the annual conference was Dr. Howard R. Davis, DPW chief of psychology and research coordinator.

## **Daytime Centers Now Serving 115 Retarded**

A total of 115 retarded children and young adults are now enrolled in the new state-supported community daytime activity programs, according to a study just completed by the DPW section for the mentally retarded. Currently in operation are nine community activity centers, started as a result of the 1961 legislative appropriation of \$36,000 for the establishment of such centers on a pilot project basis.

The first three centers were opened in February 1962 and six additional centers have been started since September. A request for \$220,000 will be made to the 1963 Legislature, to allow for continuing support to the existing nine centers and for the establishment of an estimated ten to fifteen new centers during the next biennium.

According to Miss Frances Coakley, supervisor of the DPW section, the average cost to the state is \$30.48 per child per month, in contrast to the \$130 per capita monthly cost of institutional care. There are two known instances, Miss Coakley added, where institutional space was made available but refused because the child was getting along so well in the community.

# Proposed Legislation for 1963 Legislative Session

## *Increase in Appropriations for the Community Mental Health Services Program*

Remarkable growth and expansion has marked this program since the passage of the Minnesota Community Mental Health Services Act in 1967. To date, 17 community mental health centers are in active operation. An additional eight to ten centers are needed to provide a state-wide network of service. An appropriation of \$3,038,195 will be requested for the 1963 biennium.

### *Appropriation for the Establishment, on a Pilot Project Basis, of Three Small Group Homes (10 residents each) for Retarded Adults*

This would be the experimental use of a "half-way house" setting for retarded patients who do not appear to need further institutional care, but for whom no appropriate living arrangements can be made in the community. Experience elsewhere has indicated that small group home living is more beneficial and can be provided at a lower per capita cost than institutional care.

### *State Aid to Counties for Boarding Care of Mentally Retarded Children*

The purpose of this proposal is two-fold: (1) to gain uniformity in the program for all wards of the Commissioner of Public Welfare. State aid to counties is already provided for the care of dependent and neglected wards of the Commissioner. (2) to further encourage county welfare departments to arrange for community placement of mentally retarded children.

### *Increased Funds for the Operation of Day Care Centers for the Mentally Retarded*

An appropriation of \$36,000 was made by the 1961 Legislature, for the establishment of community daytime activity centers for the mentally retarded. Nine community centers are now in operation and organization plans underway in seven additional counties. An appropriation of \$220,000 will be requested for the biennium, to continue and expand the programs in the present centers and for the addition of ten or fifteen new centers.

### *State Participation (50%) in Costs of Foster Care or Other Living Community Arrangements for Discharged Mental Patients*

This would assist county welfare departments to step-up the community placement of mentally ill patients ready for discharge and also help relieve overcrowding and serious staff shortages in state mental hospitals.

### *Designation of Additional Revenue for Mental Health Research Fund*

It is proposed that one-fifth of all payments of money for the care and treatment of patients in state

hospitals for the mentally ill or mentally retarded be deposited in the state treasury mental health research fund. Already in operation in other states, this plan would increase mental health research activities in Minnesota.

### *Appropriations for the Adequate Staffing of the New Minnesota Residential Treatment Center at Lino Lakes*

The residential treatment program for emotionally disturbed children will move to the new Lino Lakes facility late in the biennium. Efforts will be made to obtain the staff needed to provide a comprehensive psychiatric treatment program.

## **Legislative Bldg. Commission Recommendation**

### *Anoka State Hospital:*

Total of \$793,000. Includes remodeling of 10 cottages, construction of warehouse building, renovating and addition to laundry building.

### *Fergus Falls State Hospital:*

Total of \$766,000. Includes remodeling of administration building, construction of infirmary ward, other re-placements and repair.

### *Hastings State Hospital:*

Total, \$2,795,350. Includes construction and equipping of 200 patient ward building, food service building, and construction of tunnels for utility systems.

### *Moose Lake State Hospital;*

Total of \$80,500. Includes various improvements and remodeling.

### *Rochester State Hospital:*

Total of \$431,750. Includes completion of service tunnel system, installation of air conditioning in surgical and clinical wards,

### *St. Peter State Hospital;*

Total of \$1,792,910. Includes construction and equipping of third continued treatment building.

### *Willmar State Hospital;*

Total of \$118,360. Includes rehabilitation of 12 cottages, auditorium and administration building.

### *Brainerd State School and Hospital;*

Total of \$1,170,000. For constructing and equipping school department and rehabilitation therapies buildings.

### *Cambridge State School and Hospital:*

Total of \$316,682. For repairs and rehabilitation of cottages and other buildings.

### *Faribault State School and Hospital:*

Total of \$1,757,500. Construction and equipping of new central kitchen and cottage serving faculties, other repairs and replacements.

### *Owatonna State School:*

Total of \$47,000, Various repairs and improvement

Centennial Office Building  
St. Paul 1, Minnesota  
Division of Medical Services  
Department of Public Welfare

# Mental Health Newsletter

Vol. 3, No. 3

DEPARTMENT OF PUBLIC WELFARE  
St. Paul 1, Minnesota

MARCH, 1963

## *Editorially Speaking*

THE CONTROVERSY about Minnesota's mental hospital administration plan rages on. This was instituted in one of our hospitals for the retarded in September, 1960 and in one of our hospitals for the mentally ill a year later. Today, four hospitals for the mentally ill operate on this basis. What has been our experience?

Most importantly, there is no impediment to the care and social rehabilitation of patients, no regression from opening wards and eliminating restraints, and no interference with clinical programs. If anything, there is facilitation in all areas. There have been no instances of disagreement requiring intervention from central office.

There seem to be no significant impediments to recruitment and retention of medical staff, certainly no more than those brought about by strict licensure laws and geographical disadvantages. Instances of turnover have been dramatic. But on close individual analysis they have possessed other, more compelling reasons. Our personnel rosters show an increase in the number of psychiatrists in our system from 11, as of July, 1960, to almost 17 as of today. There are other effects:

### **Negative**

1. Confusion as to "headship" or "who's boss?" This is a problem hospital staff, patients and, to some extent, the public.
2. Status problems. This appears to be an individual matter.
3. Occasional ambiguity and duplication of effort in day-by-day decisions.

### **Positive**

1. Vast increase in the efficiency and professional quality of hospital management. This is especially evident in personnel relations, public relations, and systematic planning of programs and facilities.
2. Attraction of top talent in the hospital management field.
3. Mutual stimulation and assistance between clinical and administrative teams.
4. Greater stability of the organization.
5. More concentration of medical and treatment matters, research and teaching by top medical staff.
6. Better organization and discipline within the medical staff. A surprise effect is a seemingly fantastic improvement in "mileage" from consultant or part-time staff, especially psychiatric.
7. Better coordination in the general state program and closer adherence to department policies. It lends itself better than the traditional approach to the "unified and continuous development of program," called for in law.

The plan seems to have reached two basic objectives:

- (1) it appears to be at least as effective as the traditional system and
- (2) it does give top physicians more time to concentrate in medicine while at the same time improving the overall administrative level.

We feel this approach has deep potential significance for mental hospital program operation in this country. We intend to continue with it during an extended period of several years' evaluation.

David J. Vail, M.D.

Medical Director



## Names in the News

*Dr. Robert Pfeiler*, Assistant Medical Services Director, DPW, has been appointed by Governor Elmer L. Andersen as executive secretary to the 23 member Northeastern Hospital Advisory committee which will initiate a study of the possibility of a school or hospital for the Iron Range.

Dr. Pfeiler attended the Ninth Annual Conference of state mental health representatives held in Chicago March 1 and 2.

\* \* \*

*Dr. Howard R. Davis*, Chief of Psychological Services and coordinator of mental health research, DPW, was in Washington, D.C. from March 2 through \* as a member of a committee of the Research Utilization Branch, NIMH.

\* \* \*

DPW Medical Services Director, *Dr. David J. Vail*, will be discussant on a paper to be presented by *Dr. J. Martin Myers*, Medical Director of the Institute of the Pennsylvania Hospital, Philadelphia, at the May meeting of the American Psychiatric Association in St. Louis.

In addition, Dr. Vail will present a paper on the Minnesota Volunteer Services Program, co-authored with *Mrs. Miriam Karlins* Director of Public Information and Volunteer Services Division, DPW.

\* \* \*

*Miss Marietta C. Babcock*, Assistant Director Community Mental Health Centers, DPW, attended the annual meeting of the American Ortho-psychiatric Association in Washington, D.C. during the week of March 4. The following week, Miss Babcock visited Phipps Clinic, Johns Hopkins, Baltimore, as the guest of Dr. Howard Kerns.

\* \* \*

Scheduled for the Mid-week seminar on welfare needs at Bethel College Founders Week, February 18-22, *William Judkins*, Assistant Volunteer Services Consultant, DPW, spoke to a group of 300 Baptist and laymen from parishes in Canada and the United States on the church's responsibility to the mentally ill,

\* \* \*

*Hastings State Hospital* announces its affiliation with the Methodist Hospital School of Nursing in Minneapolis for a 12-week training program for its student nurses next September,

\* \* \*

A state-wide in-service training program will be held at *Faribault State School and Hospital* April 22. All teachers in state institutions and public school special education teachers in the southern half of the state will attend. Theme of the day's program is "Emotionally Disturbed and Socially Maladjusted Child." *Dr. Richard E. Bartman*, director of children's mental health service, DPW, and Dr. Frank Wilderson, assistant professor in educational psychology, University of Minnesota, will be in charge of the morning and afternoon sessions.

\* \* \*

Eighty volunteer workers representing 15 churches and five service organizations met in late February at the *Oak Terrace Nursing Home* to organize its first volunteer council.

## **NIMH AWARDS 26 GRANTS IN 1962**

A total of \$800,647, representing 26 Mental Health Training Grants, was awarded to Minnesota during fiscal year. 1962 by the National Institute of Mental Health. These training grants are for the purpose of fortifying and expanding existing programs and for the development of new programs in the broadening mental health training field.

Among the 26 Minnesota grants were four for training in psychology and psychiatry in Carleton, St. Catherine, St. Olaf and St. Scholastica colleges. A total of 18 awards, including psychology, psychiatry, psychiatric nursing, social work, social sciences and pilot studies, were granted to the University of Minnesota involving 21 students.

The largest single grant, \$54,740, was shared by 20 psychology students at the University of Minnesota, \$26,853 of which, in the form of a teaching grant.

A group of 13 students shared in the second largest grant of \$45,789, awarded to the Mayo Association, Rochester, in psychiatry.

## **Summer Student Recruitment Underway**

Summer students will again be recruited from among Minnesota and out-of-state colleges for work in the state mental hospitals during the summer months. Chief Mental Health section of the Medical Services division, DPW, has announced. Between fifty and sixty students are expected to enroll.

Due to the continuing shortages of trained social workers, the student summer program now in its fourth year, serves the twofold purpose of filling a need and making it possible for students interested in social work to get some practical experience in the field as well as financial assistance toward completing their undergraduate and graduate training.

Some of these students, under stipend from the DPW, are committed to the Department for two years in order to fulfill their obligation to the program. Many students in social service, as a result of their summer work, make it their profession and go into graduate study. Applications from graduate students (between 1st and 2nd year training) are especially desirable.

The stipend student is the main recruitment source for the social service departments of the state hospitals. For his services to the hospitals, he receives \$416 per month for at least two months of work assured between the closing and beginning semesters. Undergraduate students receive \$200 per month.

Just Published.. . .

**SOCIAL GROUP WORK, A Helping Process**, by Gisela Konopka, Professor of Social Work at the University of Minnesota and a DPW consultant for the Minnesota Children's Center. A comprehensive and scholarly treatise.

# *Mental Health* **Newsletter**

Vol. 3, No. 4

DEPARTMENT OF PUBLIC WELFARE  
St. Paul 1, Minnesota

APRIL, 1963

## *Editorially Speaking*

VER THE SLOW centuries of civilization man has been fascinated, repelled, and sorely burdened by the afflicted of mind. Here were the least, the last, the poor in spirit. Great teachings were forgotten when it came to this. There was little discrimination or refinement in the understanding of these disorders. Until relatively recent years these sufferers were dealt with by disavowal. Loneliness met with disinterest, shrinking of the soul met with scorn, fear met with ridicule and hate met with revenge. The stark frailty of the unfortunates and the nakedness of feeling which they showed were intolerable to Western man. In seeing them he held a mirror to himself and was appalled. He fled, and did his business in the market place and the battlefield.

In this country, where private charity failed under this massive burden, government became the repository for these painful and perplexing problems. Asylums were built by the various states, carefully isolated and then deeply neglected. They became severely crowded. Those within their walls were neglected to a murky life without hope, joy, or dignity. Their needs were cared for at levels consistent solely with survival. This was the legacy of waste and despair which this generation of Americans inherited.

In recent decades scientific advances and an increasing social awareness and moral responsibility have shed light into this dark scene. The nation has made great progress. Concern has been expressed in the highest level of government. President Kennedy's splendid message to Congress on February 5, 1963, on mental illness and mental retardation was the first such statement in American history. Minnesota has fortunately shared in this forward movement. Much has been achieved; much remains yet to be done.

Through the good will, the compassion, the high conscience and public resolve of her citizens, Minnesota has moved forward over the past several years in the fields of mental illness and mental retardation. We cannot afford to retreat, we cannot afford even to rest. Ultimately the highest values of civilization and of democratic virtue hang in the balance. Minnesota has always tried to do things right—let this testimony be borne out.

David J. Vail, M.D.  
Medical Director



## **Names in the News**

*Dr. David J. Vail*, Director of Medical Services, DPW, participated in a two-day conference attended by state mental health authorities from the Upper Midwest region held in Kansas City April 11 and 12. The meeting was called to consider plans for the utilization of proposed federal grant for training programs.

Accompanying Dr. Vail were *Gary Haselhuhn*, DPW Training Officer, and *Ardo Wrobel*, staff representative of the Medical Services Division.

\* \* \*

*Donald Wujcik*, formerly with the Cambridge State School and Hospital, has become DPW's Institutions Administrative Supervisor. He succeeds *Conrad Peterson* who is now the administrator at Lino Lakes Residential Treatment Center for emotionally disturbed children.

\* \* \*

*Dr. Richard Bartman*, Director Children's Psychiatric Services, Medical Services Division, took part on WDGY Radio's Night Beat program on March 27 to discuss pending legislation on DPW's children's services.

\* \* \*

*Mrs. Ethel Wekseth*, Remotivation Coordinator, and *Mrs. Josephine Westerdahl*, Nursing Education Supervisor, *Moose Lake State Hospital*, participated in a Re-motivation Workshop held at the University of Oklahoma Center for Continuing Education at Norman, Oklahoma, March 18-22.

\* \* \*

*Dr. Donald C. Carter*, Psychiatrist, and *Glynden J. Webb*, Psychiatric Social Worker, of the Central Minnesota MHC, St. Cloud, attended the annual Orthopsychiatry meeting in Washington, D.C. last month.

### **Volunteer Services To Be Expanded For Retarded Children**

The Department of Public Welfare Office of Volunteer Services in cooperation with the Minnesota Association for Retarded Children is launching a state-wide expansion of volunteer services for retarded children.

A meeting was held on April 3 for the purpose of implementing the new program which will be aimed at individualizing the services to patients in state schools and hospitals and, also, for developing additional volunteer services at the community level.

Participating were volunteer chairmen from the county chapters of the Minnesota Association, staff from the MARC and DPW and the Volunteer Services Coordinators for the state schools and hospitals for the retarded. State Volunteer Chairman, for MARC, *Mrs. Otto Peterson*, presided and explained the background and objectives of the program.

Speaking to the group was *Mrs. Miriam Karlins*, Director of Volunteer Services, DPW, on the philosophy of volunteer services, with particular emphasis on the one-to-one relationship. *William Judkins*, Assistant Volunteer Services Coordinator, DPW, spoke on volunteer work in the community.

In the afternoon, the group divided into small discussion units where the association representatives met with the state schools and hospitals volunteer services coordinators to discuss ways of implementing the program.

## **GOVERNOR FAVORS EXPANDED MENTAL HEALTH PROGRAM**

Minnesota's Governor Karl Rolvaag indicated in a message prepared for the State Legislature that he was in favor of an expanded mental health services program, including a \$2 million grant-in-aid request now before the lawmaking body for the Community Mental Health Services program.

The Governor's proposals asked for increased personnel for mental hospitals, for state institutions for the retarded, passage of the daytime activities center for the retarded, establishment of an interim commission to study laws affecting commitments, treatment and release of mental patients and an increased mental health research and training program.

### **Screening Panel To Study Security Hospital**

A screening panel to supervise patient admission and discharge in the Minnesota Security Hospital at St. Peter has been appointed by Commissioner of Public Welfare Morris Hursh under the provisions of M.S. 246.013, passed by the Minnesota Legislature in 1949.

The Law provides for the appointment of "three or more qualified persons to supervise the various mental hospitals as to both admission and discharge of patients." This is the first time since the statute went into effect that it has been invoked.

Four members were appointed by the Commissioner to the new panel, including Bruce Hartigan, Minneapolis Attorney, Chairman; Dr. Robert Pfeiler, assistant medical director, DPW, secretary; Robert Spano, chief social worker of the Hennepin County Mental Health Center, and Dr. Edward Litin, psychiatrist with the Mayo Clinic, Rochester.

Former Governor Andersen expressed the wish that the panel immediately get underway. Although the original statute calls for review of cases at all hospitals, the current group will confine in efforts to the Security Hospital at St. Peter. It was estimated that the work will involve the equivalent of one full day a week for a period of six months.

## **New Faces...**

### **ANOKA**

Ann Lindsey—Social Worker I—3-25-63

### **BRAINERD**

Elizabeth Rowe—Social Worker I—3-22-63

### **FARIBAULT**

Richard Rappe—Special Teacher—3-11-63

Ruth Tracy—Pat. Asst. I—3-25-63

Charles MacKenzie—Spec. Teacher—3-26-63

### **HASTINGS**

Marlene Matsch—RN II—4-3-63

### **OWATONNA**

Helen Arndt—Spec. Couns. I—4-3-63

Delight Johnson—Spec. Sch. Couns. I—4-3-63

### **ROCHESTER**

Diane Redalen—RN II—3-20-63

Mary Martin—Social Worker I—4-2-63

# **MENTAL HEALTH PHASE TRAINING PROGRAM**

## **REINSTITUTED BY DEPARTMENT OF PUBLIC WELFARE**

After a lapse of several years, the Minnesota Department of Public Welfare has re-instituted the Mental Health Phase Training Program that was begun in 1955.

One of the laws passed by the legislature during this period directly affected the work of the county welfare agencies with regard to the discharged mentally ill patient. It reads, in part, "... and in addition thereto provide that it shall be the duty of such welfare boards to supervise and assist such discharged patient to find employment and suitable shelter and to aid in his readjustment to the community."

The latter part of this law concerning the supervision and re-adjustment of former patients to the community, provided for services not previously handled by county agencies. It called for a training program that, hopefully, would provide all county welfare personnel with greater knowledge and understanding of the mentally ill person.

Social workers, trained in family service and working with public assistance procedures, were not fully equipped to deal with it professionally. To fill them in on the mental health aspects that had recently become a part of their responsibility, the Mental Health Phase Training Program was developed by the DPW. This program consists of in-service training aimed at familiarizing the county social workers with the vital aspects of the problem and keeps them abreast of new techniques and developments.

The Phase Training Program consists of three Phases:

Phase I deals with personality development, behavior patterns and mental mechanisms, diagnostic classification in neuroses, psychoses and character deviations,

current concepts and therapeutic methods and settings for the mentally retarded and mentally ill, interpretation and use of psychological tests and therapeutic methods used by the Social Worker.

Phase II consists of two days spent in a hospital for the mentally ill and two days spent at one of the state institutions for the mentally retarded; thus providing an opportunity for the establishment of increased understanding in relationships between the hospital staff, the county social workers and the patients.

Phase III is a two-day session held in the community for the purpose of translating the theories and ideas delineated in the first two phases into the administration of the county welfare department program.

The Phase Training program is presented twice annually. The first presentation, Northern Phase I, opened April 1 and 2 at Bemidji State College for county welfare departments in the Moose Lake and Fergus Falls State Hospitals' receiving districts.

Southern Phase I will open in St. Paul September 10 and 11 for the county welfare departments in the Anoka, Hastings, St. Peter, Rochester and Willmar State Hospitals' receiving districts.

The planning staff of the DPW feels that the Phase Training Program has been helpful in implementing county welfare department responsibilities in pre-commitment evaluation and follow-up services to provisionally discharged patients. With committed or institutionalized mental illness and mental deficiency identified as official disorders in the Family Rehabilitation Framework, the Phase Training Program takes on added significance in relation to the preventive and rehabilitative mission of Minnesota's Public Welfare Program.

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St. Paul 1, Minnesota  
Division of Medical Services  
Department of Public Welfare

## Nursery Facilitates Volunteer Group Work

A nursery for preschool children of volunteers at Rochester State Hospital, an innovation for obtaining the services of young mothers who, otherwise, could not participate, has been installed at the hospital.

Volunteer Services Coordinator, Mrs. Constance Schoen, said that this project has been most successful and a very good example of community-hospital relationships.

The nursery room theme was provided by volunteers who did the painting and furnished the facilities themselves. Mothers bring graham crackers and the hospital furnishes milk.

One volunteer, with the assistance of two patients, takes charge at the three day a week project. The attendance so far has ranged from 7 to 22 children.

## Hospital Echoes . . .

Tours, Open Houses and Programs are on the agenda of most of the state's seven mental hospitals in observance of Mental Health Week, April 28—May 4.

"National Rally Against Mental Illness" is the theme for this year, sparked by President Kennedy's plan to combat mental illness with every available resource including Federal grants to states and communities for Mental Health Centers, new demonstration programs on intensive treatment in the state mental hospitals and NIMH appropriations for in-service training programs in state mental hospitals, primarily for non-professional groups.

\* \* \*

The Dakota County Mental Health Association held their March meeting at *Hastings State Hospital* March 26, and made plans for a volunteer effort that would develop into a one-to-one program at the hospital. The mental health group will be active in acquainting other community organizations with their plans and expect to have it in effect by fall.

\* \* \*

*Cambridge State School and Hospital's* Cottage 1 is now called the Vocational Rehab Unit, with the programming and emphasis changing to a social-vocational orientation from a medical-nursing orientation. The unit houses 55 men who are under the supervision of the coordinator of Rehabilitative Therapies. The idea for a special unit to meet the needs of a particular group of patients is similar to the Treatment Unit which is set up for emotionally disturbed teenage boys under the guidance of a social worker.

The vocational supervisor is in the process of setting up a similar unit for female patients which should open around July 1.

## Hastings Hospital Reports Research Increase

The research program being carried out at Hastings State Hospital has grown 22% in the past four years. Funds for research came from two sources, DPW and the hospital.

Of the 28 research projects now in progress, two are being readied for publication: a study on aftercare for the discharged mental patient through Social Service, and a study of behavior for patients with high and low cholesterol levels.

## CMH Center Lines ....

Dr. D. F. Muhich, Psychiatrist, Director of the Range MHC, spoke on Community Mental Health Center programs at the annual workshop for the five-state area held in Kansas City, Missouri, early in April. Dr. Muhich also served as an instructor for the approximately fifty psychiatry students attending. The workshop was sponsored by the U.S. Public Health Service.

\* \* \*

Fifteen nurses from the Range attended the spring workshop for school nurses conducted by personnel of the Range Mental Health Center held in Virginia, Minnesota, on March 29. The theme of the workshop was "The School Nurse as a Mental Health Specialist."

\* \* \*

South Central MHC Owatonna, reports a marked increase in the number of individuals applying for clinical services. Referrals from schools and the Rochester State Hospital have increased sharply.

Consultations in the schools, educational programs such as the 12-week course on "The Developing Child and His Family" for parents, a similar in-service training course for teachers at the Owatonna High School Adult Education Service, and a weekly half-hour radio program "Mental Health Forum on the Air," all provided by the Center, are believed to be contributing reasons for the increase in requests for service from the Center.

\* \* \*

Miss Helen M. Frostenson, formerly with the Family and Children's Service in Ramsey County, has joined the staff of the Ramsey County CMHC.

\* \* \*

Over sixty-five police officers in the St. Cloud area participated in a mental health workshop conducted by the Central Minnesota Mental Health Center in March.

\* \* \*

Dr. Donald C Carter, Psychiatrist, and Glynden J. Webb, Psychiatric Social Worker, of the Central Minnesota MHC St. Cloud, attended the annual Orthopsychiatry meeting in Washington, D.C. last month.

## LIEUTENANT GOVERNOR PRAISES TREATMENT PROGRAM

The biggest current need in Minnesota's hospitals for the mentally ill and the schools and hospitals for the retarded, is more staff, was the reaction of Lt. Gov. A. M. Keith while making a tour of the Cambridge State School and Hospital.

Comparing today's treatment program with the past, he saw a corollary between it and the program of the 1850's called "Moral Therapy."

In commenting on the CSSH, he noted that instead of dividing the patients by age, Cambridge now has patients separated according to potentials. Units include vocational rehabilitation, psychotherapy and physiotherapy. "It is no longer a warehouse in which people live out their lives," he said.

Keith estimated that about 70 per cent of the patients will need to be in institutions for a long time, but that the other 30 per cent have the possibilities for returning to society.



## Health Center Activity Reported

Seminars and workshops, consultations, conferences with the clergy, police, school counselors, welfare workers, etc., use of resource people, a weekly one-half hour radio mental health forum with public participation, an adult education series, rehabilitation and group therapy are among the community service programs being sponsored by the 17 Community Mental Health Centers throughout Minnesota.

Programs of this kind are another means of bringing together the many resources of the state for a broader attack on the multiphased character of the mental health challenge.

### *Among Recent Additions to Mental Health Centers:*

*Dr. Anthony B. Tabor.* Clinical Psychologist, Chicago, Illinois, has joined the staff of the Central Minnesota Mental Health Center, St. Cloud.

*Eugene J. DeBellis,* Miami Florida, is the new Social Worker at the Range Mental Health Center, Virginia,

## Hospital Echoes...

An in-service training program is being conducted by the staff of the Central Minnesota Mental Health Center for the nursing personnel at the *St. Cloud Community Hospital*. This program is part of the hospital's preparation for the day when they will have an in-patient psychiatric unit.

An audience of nearly one thousand people enjoyed the Style Show held at *Faribault State School and Hospital* February 26. Twelve Faribault stores contributed clothing for the occasion. Hospital patients and members of the community served as models. A well known radio personality emceed. A need to raise funds for new recreational equipment for the hospital prompted the Show.

Celebrating St. Valentine's Day, two of our state hospitals, *Rochester* and *Hastings*, sponsored formal dinner dances for their patients.

The second annual Winter Carnival Week (February 18 - 22) held at Moose Lake State Hospital was proclaimed a big success. The first day featured an ice fishing contest in which 100 patients participated. The "Sno-Ball" dance on Thursday evening was also well attended.

*Hastings* is the latest of our state hospitals to affiliate with Minnesota colleges for a program of occupational therapy. Two others, *Anoka* and *Fergus Falls*, are already in the program.

### *Hospital Statistics . . .*

On January 31 there were 7,817 patients in Minnesota State Hospitals for the mentally ill, 6,267 mentally deficient and epileptic in state schools and hospitals for the retarded and 527 patients in nursing homes.

Over the past five years, the total population of hospitalized mentally ill has shown a decrease of 29 per cent. The decrease has not been as great in the schools and hospitals for the retarded.

## LPN PROGRAM RANKS 5TH IN STATE

The recently completed DPW demonstration practical psychiatric nursing program ranked fifth among the 21 Minnesota programs having graduate writing for the period 1961-62. The score means on the examinations have been received by the Minnesota Board of Nursing from the National League of Nursing.

There were 14 DPW nurses entered in these tests. All were graduates of accredited programs and writing for the first time. Their standard score mean was 585.2 as against the state mean of 558.4. The state mean ranked eighth highest of all 50 U.S. jurisdictions.

## Iceland Success In T.B. Experiment

Dr. Solveig Gislason, Senior Physician on the staff of St. Peter State Hospital has given us the following account of a successful T.B. experiment in Iceland:

Some years back, Iceland had a large number of T.B. patients and found that many who were released as arrested cases went out to work on an eight hour day, relapsed and had to be returned. One of their doctors conceived the idea that a rehabilitation center was needed which could further build up their health, morale and give each one a chance to learn new skills, earn their living and some money besides.

The work was started in 1944, through a land-wide collection. One hundred acres were acquired, twelve miles out of Reykjavik in a beautifully scenic spot. Right after the war they made temporary use of derelict nissen huts left by the U.S. army. They opened the center with 2 patients but now take care of 88.

At present the center consists of a large three story building with a basement housing a library, 11 small cottages for patients, six similar houses for the staff, and three large concrete buildings and a two-story building with factories. One of the three large buildings has an assembly hall and cinema seating 250 persons. The other two are work shops for plastic industries, metal work, cabinet making and sewing. Buildings are heated from hot springs.

The maximum working time is six hours a day, of which two hours are taken for their expenses. The remaining hours, up to four hours, are paid for on a regular salary basis. All patients eat their regular meals in the main dining room and the food is excellent. This rehabilitation center is supported by the products manufactured there,

## New Faces . . .

Anoka  
Lois Atwood - - RN III - - 2-20-63  
Fergus Falls  
Susan McIntyre - - Occ. Therapist I - - 3-6-63  
Dennis Moe - - Pat. Act. Asst. I - - 3-6-63  
Gillette  
Mary Corcoran - - RN II - - 3-6-63  
Jo Ann Tio - - RN II - - 3-3-63  
Hastings  
Jeanne Horsch - - RN II - - 3-6-63  
Moose Lake  
Allen Anderson - - Vol. Serv. Coord - - 3-11-63  
Rochester  
Darlene Larson - - RN II - - 3-6-63  
St. Peter  
Margaret Bjorback - - Psychologist I - - 3-20-63

# Mental Health Newsletter

Vol. 3, No.  
5

DEPARTMENT OF PUBLIC WELFARE  
St. Paul 1, Minnesota

MAY, 1963

## *Editorially Speaking*

May 1, 1963 was an historic date in the Minnesota Mental Health Program. On that day representatives from 37 key public, private, professional and citizen organizations met as the newly organized Minnesota Mental Health Planning Council to assist this Department and the State of Minnesota in developing long-range plans for the mental health program of Minnesota. The group endorsed in principle the Minnesota application to the United States Public Health Services for a grant-in-aid for mental health program planning.

We believe that the Minnesota proposal is unique in its richness and depth. A particularly outstanding feature is its careful and thorough analysis of the logic or philosophy of planning. We have also developed a powerful new administrative technique which we have styled the Minnesota Operations Planning Schedule. The basic theme in our approach to planning is the concept of problem-solving. Our thesis is that we must begin by identifying the problems which we are called upon to solve, that we must further define them into their dimensions, and that we must then develop precise measurements by which we can know whether we are solving the problems or not. This sounds easy and self-evident. However, such elementary steps are not only difficult but also astonishingly neglected in public agencies and in the general field of public and private endeavor which has been called the "humanitarian industry". How much more fun simply to "build programs" whose purposes are not precisely defined; for which accountability is so diffused in its connections and as vague in its terms as to be virtually non-existent. These concerns of purpose and accountability, no doubt, will be increasingly important as there is additional participation in state programs from the federal government level.

The Minnesota advances in planning can be attributed to two main factors. First, Minnesota got off to a head start last year as a result of NIMH approval of a project for program evaluation. This, in effect, allowed us to establish a planning office known as Mental Health Study and Planning Program. The other factor is Minnesota's commitment some years ago to a problem-solving, family-based methodology of social casework in all of its county welfare departments. This is of critical importance in mental health program operations under Minnesota law.

In Minnesota we are working on a three-zone concept of prevention. This includes preventing the disorders in the first instance, intervention and treatment at the community level to prevent the patient's loss of social membership, and measures taken in institutions to prevent chronicity and loss of individuality. This tool can be applied in the mental retardation as well as mental illness fields. It leads to precisely measurable objectives.

This Department is looking forward to a close working relationship with the Minnesota Mental Health Planning Council and feels confident that its influence will be felt in other state departments, private and public agencies, and participating organizations throughout the state.

The prospect is exciting. This kind of broad-scale commitment by citizens is the socio-political marvel of the age. To quote from Robert Frost:

"It is no miracle our mood is high  
Courage is in the air in bracing whiffs. . ."

David J. Vail, M.D.  
Medical Director



# 'INDEPENDENT LIVING' UNITS SET UP BY TWO STATE SCHOOLS AND HOSPITALS

For more than a year, two of Minnesota's State Schools have been experimenting with "Independent Living" units in addition to their regular treatment program.

"Independent Living" is a new concept of treatment for mentally ill and retarded patients who, in the opinion of staff psychologists and social workers, are ready for the test of conducting themselves responsibly in a non-supervised situation. According to the supervisors, these people are not necessarily ready for discharge, but considered potentially able to demonstrate reliability on their own initiative, although it could serve as a step toward eventual release. It was further emphasized that in no instance would a patient be selected for this type of experiment as a privilege or because it was thought that he had earned it. The determination is made primarily on a basis of need after sufficiently long association and observation on the part of the staff. A patient might be chosen who had never been out of an institution to find out how he handled himself in a non-restrictive atmosphere.

So far, the hospital psychologists and social workers have been working mostly with male rather than female patients. However, a small unit for girls has been set up and more will be used in future planning.

Intrinsic in the philosophy of the Independent Living concept, is the need for raising the social status of responsive individuals in order that they may feel their responsibility in a normal group milieu. To create this situation, the selected patients are given separate living quarters where they can maintain social relationships with their group fellows without supervision. The care of their unit is up to them and they are free to follow their own interests and hobbies. The only restriction

imposed is bed check at 11:00 p.m. by an aide, they also have the services of a counselor whose schedule is such that he is available for emergencies that might arise. This provision is made on the theory that counseling, not supervision, would be the prime requirement in any contingency. Included, also, in this concept, is the need for liaison persons to help the group get supplies and other necessities such as equipment for their living quarters.

As an example of how the unit functions, one of the schools turned over the whole, empty, top floor of one of the buildings to six young men patients to fix up as their living quarters for an independent living experiment. The boys secured cots for their sleeping area, several comfortable chairs and a TV set for the living room, and installed a snack bar in the kitchen corner. All of these young men had duties to perform during the day in the hospital for which they received a weekly allowance. They ate with the employees on week days and could prepare breakfast, snacks and week-end meals, if they so wished, in the apartment. They were also free to move about, even to going into town on their free hours, and could spend their money as they saw fit. They were, of course, expected to be home by 11:00 p.m.

The Program Director looks in on these boys occasionally and is encouraged to find the apartment always tidy and livable. Very few problems have arisen that need the help of the counselor who declares that, as has been proven in the past, punishment is not the answer to their problems. The answer lies in the creation of real understanding between all concerned. Once the problem is understood, as well as the need for understanding, the solution is easier and more satisfactory to all of the members of the group.

Centennial Office Building  
St. Paul 1, Minnesota  
Division of Medical Services  
Department of Public Welfare

## Patients Respond to Survey Request

Nearly 450 out of 7,948 patients from all of Minnesota's seven mental hospitals, responded to the query put to them by Dr. David J. Vail, Director of Medical Services DPW, concerning what they thought the DPW should tell the public about the State's mental health program.

Early tabulations of the patients' replies indicated that patients are well aware of the handicaps under which the state program is operating. Many of the comments gave the staff credit for trying to do their best under the financial limitations.

Some of the letters are masterpieces of awareness on the subject of how increased community tolerance and understanding could make life on the outside more comfortable and desirable for the person who has suffered mental disorder.

So far as is known, Minnesota is the only state that has turned to all the patients under its care for information and advice of this kind. The content of every letter is being given full consideration in a thorough analysis of the suggestions received. Dr. Vail has replied to each patient who participated in the survey and has extended his appreciation to all of the patients and staffs of the hospitals who have made this study potentially very valuable.

## Hospital Echoes ..

Hospital Volunteer Services Coordinators are in the process of preparing a questionnaire to be used as an evaluation in connection with hospital tours.

Harold P. Halpert, Consultant on Communications Research Utilizations Branch, National Institute of Mental Health, will meet with the State Volunteer Services Coordinators this month to discuss public information and mental health education.

\* \* \*

*Hastings State Hospital* has been selected by the NIMH as one of a nation-wide sampling of mental hospitals to provide data for the National Health Survey now underway. The survey will be conducted by members of the U.S. Census Bureau's staff who will visit the hospital.

"The Story of a Patient at Hastings State Hospital" has been developed in a series of slides. The pictures will be shown to community groups interested in learning more about the hospital and its treatment program.

\* \* \*

From June 5 to 8, the Mankato State College will conduct a special 2-hour credit workshop course at the *Owatonna* and *Faribault State Schools*.

\* \* \*

*Rochester State Hospital* reports that 80 student nurses from St. Mary's Hospital are participating in the State Hospital's Mental Health Volunteer program in order to gain more knowledge of the needs of mental patients.

A total of 1,200 visitors attended the Rochester open house held in celebration of Mental Health Week.

\* \* \*

In celebration of Mental Health Week, *Fergus Falls State Hospital* dedicated its new auditorium and sanctuary with a brief unveiling ceremony. Clerics of several faiths participated in the dedication, emphasizing the function of the sanctuary in the religious life of the hospital community.

## CMH Center Lines . . . .

To meet the increased consultative activities by staff members to other agencies, the Southwestern Mental Health Center Board of Directors at Luverne have authorized clinical teaching sessions to be held weekly with Welfare, Clergy, Court and Probation Workers, Nurses and Rehabilitation Counselors, and school personnel.

All interested professionals have been invited to attend.

\* \* \*

A series of eleven classes in psychiatry for the non-psychiatric physicians in the Northwestern Mental Health Center area have begun, according to Dr. H. W. Hogan, chief psychiatrist for the Center. These are weekly sessions held at Bethesda Hospital in Crookston.

The aim of the series is to provide a generalized background in psychiatric matters to physicians who have not specialized in this field, and who, in daily practice, deal with mentally and emotionally disturbed patients.

Topics being considered are: Psychiatric Diagnostic Terminology; Medications; Counseling and Psychotherapy; Psychiatric Hospitals; Psychiatric Emergencies; Pediatric Psychiatry; etc. They carry Category I credit, granted by the Minnesota Academy of General Practice and are sponsored by the Minnesota State Medical Association.

In the past two years similar courses have been given in Duluth, Grand Rapids, Willmar, and St. Cloud.

All of the classes in this course will be given in Crookston. Next fall a similar series is planned to be given in Thief River Falls.

\* \* \*

Members of the Professional staff of the Range Mental Health Center, Virginia, Minnesota, are acting as judges of the essay contest sponsored by the American Legion Eighth District Child Welfare Committee on the subject "Why is Mental Health Important to Me or .... to my Community?" The contest closed May 6. Prizes totaling \$50 will be awarded the first three winners.

## Correction—

The Mental Health Workshop held in March for police officers in the St. Cloud area was conducted by the Stearns County Mental Health Association, not the Central Minnesota Mental Health Center, as erroneously stated in the April Newsletter. The CMMHC staff participated in the workshop.

## MH Education Survey Subject of Discussion

On May 16, a committee consisting of representatives from psychology, research, and public information sections of the Medical Division, Department of Public Welfare, and representatives from the Department of Education, Department of Health, University of Minnesota, and Minneapolis Public Schools, met with Dr. Eli Dower, Consultant, Mental Health Education, National Institute of Mental Health, to discuss the area of mental health education in Minnesota's junior and senior high schools.

A portion of the meeting was devoted to a report by Dr. Howard Davis and Mrs. Jacqueline Bernard, DPW Psychologists, on a recent survey conducted by the Department of Welfare in cooperation with the Department of Education, which concerned itself with what is now being taught through the mental health units in the secondary schools, and how these units are valued by students, teachers, and principals.

## Names in the News

**Dr. Howard R. Davis**, Chief of Psychological Services and Coordinator of Mental Health Research, DPW, was the speaker at the NIMH conference held at Lake Delavan, Wisconsin, April 19-20. His subject was the "Effectiveness of Aftercare".

On May 23, at the AAMD meeting at Portland, Oregon, Dr. Davis presented his paper on "The Psychologists View of the Clinical Chaplain's Role with the Mentally Retarded".

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Members of the Regional staff of the U.S. Public Health Service will meet with the Executive Council of the Medical Services Division, DPW, on the morning of May 28 at central office during their two-day visit, May 28-29.

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A study of Psychiatric Clinics in the State of Maryland was made by *Miss Marietta C. Babcock*, Assistant Director Community Mental Health Centers, DPW, when she visited the Johns Hopkins Clinic, Baltimore, from April 26 to May 3.

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**Lt. Col Harold S. Kolmer**, Psychiatrist with Walter Reed Institute of Research, Washington, D.C., will be the speaker at a special meeting to be held at Willmar State Hospital June 3. Dr. Kolmer will talk on "The Communication Process in Milieu Therapy of Alcoholism and of Schizophrenia".

. . .

Voted President-Elect of the Rehabilitation Division Counselling of the NRA at the Region 6 conference held April 16 at Sioux Falls, S.D., was *Joe Steen* of the St. Peter State Hospital Rehabilitation staff.

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**Dr. Richard Bartman**, Director Children's Psychiatric Services, Medical Services Division, DPW, spoke on mental retardation at the May 14 meeting of the North Dakota Association for Retarded Children in Fargo.

On May 17, Dr. Bartman participated in WDGY Radio's Night Beat program on the subject of mental retardation.

. . .

Rehabilitation Supervisors *Ray Beacom*, RSH, and *Larry Zambino*, SPSH, and Recreation Supervisor *Tom Jung*, HSH, will accompany DPW Rehabilitation Consultant *Ardo Wrobel* on a tour of Kansas State Institutions, including Topeka, Osawatomie, and Parsons State Hospitals, June 3, 4, and 5, for the purpose of reviewing their adjunctive therapy programs.

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A brief guide to the history of Minnesota Indians has been prepared by *Jacqueline Bernard*, Research Psychologist of the Mental Health Section, DPW. It will appear in the Spring Issue of the Minnesota Welfare magazine.

\* \* \*

Joining the staff of the St. Peter State Hospital is **Dr. John W. Gridley** of Arlington, Minnesota. Dr. Gridley is a graduate of the University of Minnesota Medical School and served as a psychiatrist in the armed services during World War II. He is a member of the LeSueur Medical Society and vice president of the State Medical Society.

. . .

On May 16, **Dr. John Docherty**, Chief of Services at the Anoka State Hospital since last October, became Medical Director of the institution.

Dr. Docherty, a native of Scotland, received his degree in medicine from the University of Glasgow. Following his internship and a year of psychiatric training, Dr. Docherty was drafted into the Royal Army Medical Corps as a Command Psychiatrist to the Scotti Command, serving in England, Egypt, and Cyprus.

After release from military service in 1957, Dr. Docherty was on the staffs of two Canadian Hospitals before coming to Rochester State Hospital in 1960. He has a wife and five children.

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## Psychology Meeting Held at Rochester

Approximately one hundred psychologists gathered on April 26 and 27 for the annual meeting of the Minnesota Psychological Association in Rochester.

For the day preceding the annual meeting a special program was arranged for psychologists in state institutions and mental health centers by Dr. Howard R. Davis, Chief Psychologist, DPW. In the morning, Dr. Donald D. Glad, Director, Division of Psychology, Greater Kansas City Mental Health Center, presented a Group Psychotherapy Workshop on "Value Operations in Group Psychotherapy".

In the afternoon, Dr. Glad presented a workshop in which the psychologists participated as patients in a demonstration of group therapy techniques.

During the two-day sessions that followed, some of the subjects presented were: "Experience with the Automated MMPI in the Mayo Clinic" by Drs. John Pearson and Wendell Swenson; "Psychological Perspectives of Rochester and the Mayo Clinic" by Dr. Edward Rynearson; "Symposium on Some Recent Advances in Perception and Psychological Psychology" by Drs. Kenneth Ogle, James Jacobsen, and Donald Klass.

Dinner speaker on April 26 was Dr. Harry Harlow, Director of Primate Laboratories, University of Wisconsin.

## Music Education Major Receives "MAMI" Award

The first recipient of the Anoka County Mental Health Association's Thomas L. Mortenson Scholarship is Miss Marion Lang, a music education major at MacPhail's College of Music, Minneapolis.

The scholarship is in recognition of Miss Lang's participation in the Hastings State Hospital's Rehabilitation Therapies program known as "Music and Mental Illness", (MAMI).

This is the sixth year MAMJ has been carried as an elective course with credit in the MacPhail College curriculum. Only students who have completed or are taking two semesters of General Psychology are permitted to enroll. A total of 31-33 weeks are required to complete the course.

In addition to the time spent working with patients, giving individual music instruction in instrument, voice, note reading, conducting group sings, rhythm bands, and other related activities, MAMI students also attend medical and psychiatric lectures and are given a complete orientation to the hospital and its program.

# Mental Health Newsletter

Vol. 3, No. 6

DEPARTMENT OF PUBLIC WELFARE  
St. Paul 1, Minnesota

JUNE, 1963

## *Editorially Speaking*

The outcome of the 1963 Minnesota legislative session is summarized elsewhere in these pages. This legislature declared itself at the outset as one that would impose no new taxes and would stick within its budget. Within these conservative limits, the final amounts arrived at were very satisfactory indeed.

The greatest and most encouraging boost came to the institutions for the mentally retarded. In addition, a pilot program for day care centers for the mentally retarded was placed on a permanent footing with a fourfold increase from the dollar level of the previous biennium. This program shows every sign of being a rapidly growing and popular young giant similar to the community mental health center program. It is good to see a field so long neglected as mental retardation starting to come into its own. The trend is all to the good and we hope it continues.

There were good increases in community mental health, training, and research budgets. We have found the latter, although modest in amount, a good barometer as to acceptance of the total program by the legislature.

The re-district plan was given official sanction, although with not as many new positions to bring it off as grandly as we would have liked. Nonetheless we will bring it off.

The legislature stood firm in its position concerning mental hospital administration. By officially urging clarification of the relative powers and duties of medical and administrative chiefs, the legislature prompted the splendid work of the Department's Constitutional Committee. This group, adjourning on June 6, 1963, has produced a history-making document, also shown in this issue, which furnishes a resolution of the issue. Some handy amendments to the voluntary admission statute will make this procedure easier to handle to the advantage of the patient and the receiving hospital, and should further encourage this healthy trend. Some amendments to the community mental health act, while not dramatic, will make for more sensible arrangements as to board representation.

It has been difficult to gain acceptance of the concept of allocating staff positions on the basis of work done (i.e. admission and discharge roles) rather than the traditional resident population. This was the biggest disappointment of the session. It appears incumbent on us to make better, clearer arguments based in scientifically valid methodology in interpreting such a shift in rationale.

An outstanding accomplishment has been allocation of new positions and a change in administrative structure which will make the Minnesota Security Hospital in fact a separate institution. Thus it will be more correct to speak of eight rather than seven hospitals for the mentally ill, as we have traditionally done. In these moves, the legislature was obviously responding to unfavorable publicity and sharp public concern which burst upon us early in the session. But in another, deeper sense this was a victory of spirit, recognition that one cannot build a castle and live next to it in a shack. That this group of patients, the most rejected of the rejected, would be thus assisted is, in our opinion, evidence of the maturity of the mental health movement. It bespeaks the compassion of which man is capable. The practical effect will be to place this previously neglected hospital in a position to develop a model program for an institution of this type.

We congratulate the legislature and wish it Godspeed; we look forward to future meetings.

David J. Vail, M.D.  
Medical Director



## **Minnesota Chosen For NIMH Nursing Study**

The state's seven hospitals for the treatment of the mentally ill and its two nursing homes, Ah-Gwah-Ching and Oak Terrace, are participating in a Minnesota Nursing Home Study for one year (March 1, 1963 to February 29, 1964) sponsored by the National Institute of Mental Health. The results of the study will be tied in with the National Health Survey.

The Minnesota Nursing Home Study will provide a description of the characteristics of patients currently being placed in nursing homes within the state and assess the extent of the possible effect of this program on the population of mental hospitals. Five areas of study are considered of major importance:

1. What segment of the mental hospital population does the nursing home serve?
2. What are the criteria for nursing home placements?
3. To what extent do patients placed in nursing homes actually meet the criteria?
4. To what extent do these patients stay out of the state mental hospitals?
5. What is the probability of continuous stay in a nursing home following placement?

The basic study involves following the resident population age 65 and over on July 1, 1961 for a 2 1/2 year period to determine the extent to which patients in this group were placed in nursing homes and to evaluate factors associated with such placement.

Three supplemental studies also will be conducted to obtain additional information on the patients: a study of patients released from the state hospitals to learn more about their reasons for release and placement; a comparison of characteristics of the patients 65 years of age and over in state and private mental hospitals and nursing homes on a specific date to assess similarities and differences in nursing care requirements, and a follow-up study on a sample of persons who at the end of the study are outside the state system, to determine the probability of continuous stay in nursing homes after placement there.

## **Mental Hospital Population Decreases**

As of March 31, 1963 there were 14,969 persons in residence in the institutions under the Medical Services Division, DPW: 7,948 in the mental hospitals, 6,278 in the institutions for mentally deficient and epileptic, 585 in state nursing homes, 134 in Glen Lake State Sanatorium and 24 in the Children's Treatment Center. During March there was a decrease of 158 in the mental hospitals, an increase of 29 in the nursing homes, and little or no change in the populations of the other institutions. This month, for the first time, five patients were admitted to Ah-Gwah-Ching Nursing Home by transfer from institutions for the mentally deficient and epileptic.

In March, 1963 there were somewhat fewer admissions of mentally ill patients than usual and a larger than usual number of direct and provisional discharges, with a resultant decrease of 140 in the number of hospitalized mentally ill. The 132 voluntary admissions in March were less than the number admitted on a voluntary basis in February, but still account for almost half of the March admissions.

For many years, with the exception of a slight decrease during the late 1940's, the mental hospital population showed a steady increase up to the fall and winter of 1954-55. Eight years ago, at the end of March, 1955, the mental hospital population was still near its highest point. During the past eight years, however, the number of hospitalized mentally ill has dropped almost one-third (32 percent). During this period the populations of all mental hospitals have decreased, decreases ranging from 18 percent at Anoka where regular wards have increased, partially offsetting a great decrease in the tuberculosis unit, to 47 percent at Willmar with little change in the Inebriate Section but a 55 percent decrease in the number of mentally ill in residence.

Centennial Office Building  
St. Paul 1, Minnesota  
Division of Medical Services  
Department of Public Welfare

# Policy Statement On Relative Powers And Duties Of Chief Medical And Administrative Officers

Issued on June 10, 1963 from Medical Director Dr. David J. Vail  
to all Medical Services Division institutions

(This represents the culmination of many hours' deliberation on the part of the Constitutional Committee, which was convened March 22, 1963, and adjourned on June 6, 1963. This statement is adopted as official Division of Medical Services policy, subject to (1) subsequent refinements or modifications of goals statements in section 1, and (2) ratification by the Mental Health Medical Policy Committee.) I. PREAMBLE

1. The state mental institution, for a variety of reasons, must address itself to the problem of the career of the Mental Patient. Although there may be hereditary or constitutional factors of greater or lesser prominence in a given individual instance, it is postulated here that the Mental Patient is made, not born. Forces shaping his destiny include early life experience, vicissitudes of growing up, alienation from his community, and relatively late but nonetheless critical pressures exerted by institutional existence. The beginning point of the Career of the Mental Patient is the raw clay of the newborn infant. The end point is demise within an institution following some period of time as a "chronic patient" with late manifestations of specific bodily deterioration.

If we adopt Preventing Mental Patient Careers as an aim, then we must consider stages of 'intervention. Simplified, these are:

- (1) Prevention of the disorder initially.
- (2) Prevention of alienation from the community or loss of citizenship.
- (3) Prevention of institutionalism, or late changes of dehumanization brought about by conditions stemming from institutional life itself.

The mental hospital has generally no perceptible role in the first zone, which is primarily the responsibility of basic research and public health programs.

The mental hospital has a legitimate but as yet poorly developed role in the second zone. Programs here might include consultations with courts and other referring agencies, short-term evaluation services, emergency services, day-care programs and the like, all aimed at maintaining the individual in the community so that he never achieves the status of "Mental Patient." Rapid intensive treatment within the hospital with early return, and, at another level, improved aftercare programs would ideally be included in this second zone. The mental hospital has its special role in the third zone. Here are included all those activities designated as supportive care, therapy, casework, group-work, rehabilitation, remotivation, education, etc., which are aimed at enhancing social restoration, at preventing dehumanization, and at shortening or reversing the Career of the Mental Patient to the extent that this may be possible. Every resource of the institution, and all personnel whether as individuals or departments, must strain to accomplish this. This is the basis of all logic of organization within the institution.

2. The above principles apply with appropriate

modifications to all classes of Mental Patients whether "mentally ill", "mentally retarded", "senile", etc., and to the institutions which serve them.

## II. RULE

The basic-rule of organization is that adopted by the Constitutional Committee at the meeting of April 18-19, 1963. This states:

"In accordance with M.S. 246.02, Subd. 1, which requires the Commissioner of Public Welfare to prescribe the duties of a chief executive officer of the institutions enumerated in MS. 246.02, Subd. 2, it is hereby provided that the director of administrative services (Hospital Administrator) shall be responsible for the operation of the hospital in accordance with the treatment program established by the Director of Medical Services of the hospital (the chief of the medical staff as described in M.S. 246.025). Said Director of Medical Services shall define and have the authority to implement what is a medical responsibility in full recognition of his final accountability to the commissioner."

## III. SPECIFICS OF ORGANIZATION.

### A. Functions:

The following functions are within the purview of the Medical Director:

#### 1. *Total program direction.*

The Medical Director is charged with responsibility for charting the course whereby the hospital programs that end as stated in Section I. This includes the final determination of service divisions whether done qualitatively (e.g., "admissions", "intensive treatment", "medical-surgical", etc.) or originally (e.g., "Duluth Service", "Tri-County Service", "Iron Range", etc.) or in some combination, or other fashion.

#### 2. *Determination of Priorities.*

The medical director is charged with responsibility for broad designations of priorities in allocations of personnel and resources, stemming from #1 immediately above.

#### 3. *Program evaluation.*

The medical director is responsible for surveillance of the course of the total program of the hospital in achieving its ends.

#### 4. *Training and education:* the content and emphasis of training and education programs of all kinds within and outside of the hospital.

#### 5. *Supervision of medical staff:* the proper organization, in-service training, professional development and professional discipline of the medical staff. (over)



## Names in the News

*Dr. Arthur Funke*, Director of DPW's new mental health study and planning program, attended the meeting of the American Hospital Association in Chicago the week of June 3.

June 1/-19, Dr. Funke attended meeting; in Washington, D.C. at the National Institute of Mental Health and, June 20-21, attended the first meeting for the advisory Committee for the Region IV Conference on In-Service Training Programs in Mental Health held in Nebraska Psychiatric Institute, Omaha, Nebraska.

*Miss Marietta C. Babcock*, Assistant Director Community Mental Health Centers, DPW, and *Miss Mary LeRoux*, DPW's Chief Social Worker, attended two national conferences on social work held in May at Cleveland, Ohio.

Attending the 87th annual meeting of the American Association of Mental Deficiency held in Portland, Oregon from May 21 to 25, were *Mr. and Mrs. R.D. Kreis*, *George Bosweli*, *Dr. Anna Ose*, *Rafi Khan* and *Dr. Franz Halberg* of the Cambridge State School and Hospital Staff. Dr. Halberg, Director of CSSA's research unit, presided over a symposium in medicine on May 22.

*Mrs. Miriam Karlins*, Director of Public Information and Volunteer Services, DPW, was in New York City May 20-22 for meetings with the National Association for Mental Health.

• \* »

Owatonna State School's Superintendent, *C.M. Henderson*, Chairman of the Regional Affairs Committee of the American Association on Mental Deficiency, attended the national convention of the AAMD held in Portland, Oregon May 21-25. Staff members accompanying Superintendent Henderson were *L.R. Murach*, Social Worker, and *Dr. Alastair Burnett*, Psychologist.

*Dr. Howard R. Davis*, Chief of Psychological Services and Coordinator of Mental Health Research, DPW, conferred with officials of the National Institute of Mental Health in Washington, D.C. on federal research grants in the mental health field during the week of June 10.

A former Medical Director for Minnesota's Department of Public Welfare, *Dr. Dale C. Cameron*, Superintendent of St. Elizabeth's Hospital, Washington, D.C., was the principal speaker at a meeting sponsored by the West Central Mental Health Center at Willmar on June 18. Dr. Cameron spoke on Comprehensive Mental Health Services. He was introduced by *Dr. David J. Vail*, Medical Director, DPW.

Open House was held June 16 in celebration of the fifth anniversary of the establishment of the Center.

The new Clinical Psychologist at Brainerd State School and Hospital is *Dr. Harold P. Robb*, graduate of the University of Aberdeen, Scotland. Dr. Robb has served on the medical staffs of English and Scottish

hospitals. His family consists of a wife, two boys and two girls.

*Dr. Alfredo Louis Antonio Sadi Prada*, a native of Buenos Aires, has joined the staff of the intensive treatment center at Willmar State Hospital as a physician.

Dr. Prada received his primary medical training at the University of Buenos Aires where he, also, completed his post graduate work in neurosurgery shortly before coming to Minnesota.

A practicing physician at Northfield for the past 15 years, *Dr. Donald Peterson* has accepted a position on the staff of the Willmar State Hospital where he will provide general medical services for patients requiring constant physical care. Dr. Peterson received his medical degree at the University of Minnesota. He is married and has four children.

## Planning Approved . . . .

Approval of the Minnesota Mental Health Proposal has been received from the Regional Office of the U.S. Public Health service by the Commissioner of the Department of Public Welfare for the period May 1, 1963 to June 30, 1964.

In the communication announcing approval of the proposal was the following statement, "The plan reflects the commendable advance work which has been done. The field studies as proposed are needed and will be a contribution to the program. Also, the intent to train for planning is an important point made in the proposal."

## Patients Study To Resume Work

On Monday, June 10, thirteen patients boarded the hospital bus at St. Peter State Hospital for daily workday trips to Mankato State College, Mankato Beauty School, Mankato Commercial College, Vocational High School, and the Vocational Rehabilitation Center for study classes preparatory to returning to their chosen type of work.

One of two patients will be attending Mankato State College in courses on medical technology. The other, a former elementary teacher, will be taking work to regain her teaching certificate. One youth who has been tutored at the hospital in high school subjects is returning to high school in order to graduate. The Rehabilitation Counselor in charge of the program is expecting the number of student-patients to increase to sixteen by mid-summer.

## Chaplains Meet And "Talk Shop"

Chaplains from Minnesota's state institutions met May 16 at Fergus Falls State Hospital for their annual spring session.

A panel discussion on "The Therapeutic Community" was led by hospital staff members in the morning. Another panel was held in the afternoon on "Therapeutic Consequences" at which prominent leaders of organizations led the discussion.

## Hospital Echoes . . .

The May Newsletter published bi-monthly at the *Brainerd State School and Hospital* was entirely in the hands of volunteers for the first time. Volunteers wrote, edited the material, mimeographed the copies and compiled items for mailing. The six page publication gives revealing and interesting insight into the work being done by the institution's Volunteers.

A new program was initiated during April providing a few hours each week for shopping periods for from four to six patients in the Brainerd down-town area. This program, which is an extension of the "Open Door" policy, has been designed by the Volunteers to give the patients an opportunity to develop social attitudes and behavior and a sense of personal responsibility in financial transactions in a real life situation.

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A new service organization, the *Rochester State Hospital patients Wa- Tan-Ye Club*, answering to the same rules and principles as the parent Rochester Wa-Tan-Ye Club, with national affiliation, was formed early this year. Only one other club, located in Wisconsin, has been organized among hospital patients.

About 25 of the Rochester State Hospital patients have joined the group for the purpose of providing volunteer services to other patients. Motto of the club is "Service Foremost", the meaning of the club name which is of Indian origin.

So far the club has completed several projects: the making of felt animals for Project Braille; programs for elderly bed patients at RSH; packing of material for 700 Health Fund Drive packets; and they just finished making piggy banks from bleach bottles to be presented to a children's nursery. They have many plans on the docket for the future.

### Two Articles Published on Minnesota Experiments

Articles on experiments in two of Minnesota's State Hospitals appeared in the May issue of the APA publication, *MENTAL HOSPITALS*, submitted by staff members involved in the projects.

The first, "An Educational Workshop for Relatives", by Maurice J. Moran, Ph.D., at the time Chief Clinical Psychologist, and William D. Leipold, Director of Research, at the Fergus Falls State Hospital, is concerned with the promotion of better communication with the families of patients.

The second article is about the nursery sponsored by Volunteers at Rochester State Hospital.

### Attitude Survey In State Hospitals

An Employee Attitude Survey is being conducted in many of the state institutions by the Department of Public Welfare and a graduate student from the University of Minnesota.

Each employee is given a booklet and an answer sheet to fill out. Every one will have a chance to tell how he feels about working in a state hospital. The replies will be anonymous.

The DPW and the hospital management are hopeful that use of the information obtained through the questionnaires will serve as a useful tool for the development of greater job satisfaction.

## Population Changes In State's Mental Hospitals

Although approximately the same number of male and female patients are hospitalized at any one time, turnover is greater among female than male patients, according to Minnesota State Hospital Statistics for 1961-62. More females than males have entered the hospitals each year and more female patients have been released, but there have been more deaths among male patients. Last year for the first time about as many male patients were released by direct or provisional discharge as entered the hospitals, and more females were released than entered. In general, the increase in releases has been accompanied by some increases in re-admissions and returns from provisional discharge, which have made up an increasing proportion of all patients entering.

The younger the patients, the greater the turnover in relation to number hospitalized. Among patients under 25, consistently more patients have entered and left the hospitals during the year than have been hospitalized at one time, and the ratio of those going in and out of those in residence has increased the past two years. First admissions have increased the past two years for the youngest age group.

Among patients aged 25-44, most years have shown an increase in patients going in and out and, since 1956, there has been a continuing decrease in number hospitalized. Because of the great turnover in patients under age 25 there has been little buildup of this age group through patients growing older in the hospitals, but some decrease as patients already hospitalized move into the next older age group.

There is proportionately much less turnover in population among patients aged 45-64 as this group includes many long term care patients. However, even among patients aged 45-64 in 1961-62 slightly more patients were released than entered the hospitals. Deaths, while relatively few compared to those among older patients, also helped reduce the number in this age group.

The decrease in hospitalized patients 65 or older started in 1958 and has been continuing at a greater rate than the decrease among younger patients. Until 1961-62 deaths were more of a factor in counterbalancing the number of older patients entering than were released, but in 1960-61 the number of releases approached the number of deaths and in 1961-62, with the opening of the state nursing homes, there were more releases than deaths among patients 65 or older. After decreasing for three years, the number of older patients entering increased in 1961-62, with most of this increase among First admissions.

### Just Published .....

*Prologue: A Minnesota Story of Mental Retardation* by Miss Mildred Thomson, a key personality in the State's program for the retarded for over 35 years, during which time she received the first Award of Merit granted by the National Association for Retarded Children.

Miss Thomson's story which is principally about her career in Minnesota is filled with names of state leaders, past and present. It is told in the framework of a national development, affected by depression, world war, and the advent of federal welfare programs.

The book is published by the Gilbert Publishing Co. Minneapolis. All proceeds from sale of the book go to the Minnesota Association for Retarded Children at Miss Thomson's request.

## 6. Research

1. *Admission and discharge policies* (subject to DPW policies) and decisions on admission, release, or discharge of any given patient as governed by law.

8. *Specific medical decisions*, as governed by law.

9. *Approval and veto authority* concerning selection, assignment, discipline, and discharge of personnel, (see below).

10. *Communications*; release of information concerning specific patients and medical programs.

The following functions, subject to the provisions stated in the Rule (Section II) are within the purview of the Administrator.

### 1. *Public accountability.*

The administrator is responsible and accountable to the executive and legislative branch of government and the general public for the smooth and efficient management of the hospital, its cleanliness and safety, the maintenance of general standards of excellence of performance, and the deportment of the hospital employees.

### 2. *Budget control and management.*

### 3. *Personnel Management.*

- (a) The authority of hiring, firing, and assignments, granting or withholding of leave; and assignment of staff appurtenances such as housing, office space, parking privileges, etc., are given to the administrator, subject to the approval and veto power of the medical director should the issue involve medical judgment or responsibility.
- (b) Discipline, or enforcement of obedience to

state and hospital laws, rules, and regulations are deemed as administrative functions subject to variations of judgment in given individual instances, especially those involving "non-professional" conduct. In all cases, the administrator must pursue the matter to its just conclusion—this may include the possibility that actual disciplinary measures or absolution are carried out by the medical director.

(c) Represents the state in actions against employees under Civil Service regulations. Note: Medical staff personnel functions referred to in (b) and (c) above are in the jurisdiction of the medical director.

(d) Represents management in local negotiations with employee representatives and union groups.

4. *Architecture and planning of facilities* in cooperation with the medical director.

5. *Communications*, including spokesman ship for the hospital, press releases, and "public information", in ordinary matters.

6. *Ceremonial*, in ordinary matters.

### B. *Departments.*

The Medical and Dental Staff is viewed as a Department, whose head reports directly to the Governing Body. Within the scope of the professional disciplines, other Departments, especially those representing the clinical professions, are viewed as having relative autonomy subject to supervision by the administrator in administrative matters and the direction of the medical director in matters pertaining to the treatment and rehabilitation program of the hospital.

There is freedom of arrangement as to lines of report of the hospital department at the mutual pleasure of the medical director and the administrator, subject to review by the Governing Body.

## Mental Health Legislation Approved By 1963 Legislature

Major increases in appropriations in the field of mental health approved at the recent session of the Minnesota Legislature concerned four of the newer areas in the state's expanding mental health program.

The *Community Mental Health Centers* received \$1,400,000 for the current and \$1,900,000 for the next biennium. There are 17 Centers in operation and others are in various stages of formation. There is one major change in the present law. In a "distressed" county, as defined by the equalization aid law, the county may levy a special tax not to exceed 2 mills, to raise its share of the cost of operating the center. In all other counties there is a limitation of one mill.

Some changes are made in the composition of the Community Mental Health Boards. The law previously required a nine member board, but as amended, this number may vary, depending upon the number of counties which have combined to establish the mental health center.

*Mental Health research* funds were increased from \$200,000 for the current biennium to \$280,000 for the next

*Day-time Activity Centers* for the State's mentally retarded received \$155,000 to continue and expand the program. This will, in effect, put on a permanent basis what has been done during the past two years on a demonstration basis. This new appropriation will make possible several additional Centers, increasing the capacity to 350 retarded children. In 1961 the Legislature appropriated \$36,000 for the establishment of nine pilot centers throughout the state. These nine centers served 125 children.

*Training Funds* for DPW programs were increased from \$200,000 for the present biennium to \$350,000 for the next.

The Legislature also approved 37 *new positions* for the seven state mental hospitals; 62 for Faribault, Cambridge, and Owatonna; 100 for the four new buildings being constructed at Brainerd; and 31 1/2 for that part of the Lino Lakes program operated by the DPW. This is known as the Treatment Center for Emotionally Disturbed Children. The Center was moved on June 5 from its temporary quarters at Glen Lake to its permanent location at Lino Lakes.

Other significant legislation was concerned with *Voluntary Patients at Mental Hospitals*. The present law on voluntary admission is amended in two respects: (1) If the voluntary patient demands his release in writing, the superintendent of the hospital may detain him for three days, exclusive of Sundays and legal holidays if, within that period, he files a petition for the commitment of such person. This petition is filed in the probate court of the county where the hospital is located but upon motion of the patient the venue of the petition shall be changed to the probate court of the county of the patient's residence, if he is a resident of the State of Minnesota.

After discharge from a state hospital, the patient who entered voluntarily shall have the same right to the services of the county welfare department as one who was committed. (Underlined material is new.)

### *Owatonna State School*

The Commissioner of Public Welfare may transfer or admit directly to the Owatonna State School any mentally deficient person under age 21 who, in his opinion, will benefit from the services available at the school. It is no longer required that to be admitted to Owatonna the person must be committed as mentally deficient (Underlined material is new.)

### *Annex for Defective Delinquents Abolished*

After June 30, 1963, the 1945 law that had designated the Annex at the State Reformatory as a place for care of defective delinquents is repealed.

### *Free Fishing Licenses*

Any ward of the Commissioner of Public Welfare who is residing in an institution under the control of the Commissioner, may receive without cost a fishing license from the Commissioner of Conservation. *Physicians' Reports*

No letter, report or other communication either oral or written, and furnished by a physician "or other pro-fessional man" to any agency of the State of Minnesota for vocational rehabilitation shall be made the basis for any suit for slander or libel.